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Number of Pages: 27

**Message:**

In re application of: Hazen, et al.	)	Examiner: Saunders, David A.
Serial No.: 10/039,753	)	Art Unit: 1644
Filed: January 2, 2002	)	Confirmation No.: 9142
For: MYELOPEROXIDASE, A RISK INDICATOR FOR CARDIOVASCULAR DISEASE	)	Attorney Docket No.: 26473/04177

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Total Number of Pages in This Submission

27

Application Number

10/039,753

Filing Date

January 2, 2002

First Named Inventor

Stanley Hazen

Art Unit

1644

Examiner Name

Saunders, David A.

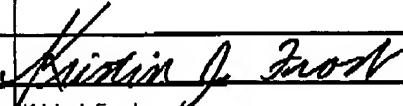
Attorney Docket Number

26473.04177

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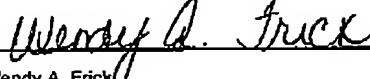
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final (14 pages) <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>- Facsimile Cover Sheet (1 page)</li> <li>- Copies of Filing Receipts (7 pages)</li> <li>- Appendix (3 pages)</li> </ul>
<b>Remarks</b> <div style="border: 1px solid black; padding: 5px; font-size: small;">           The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 03-0172.         </div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Krisin J. Frost		
Date	December 7, 2006	Reg. No.	50,627

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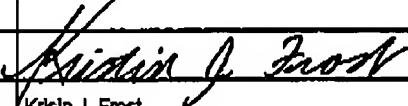
Total Number of Pages In This Submission

27

Application Number	10/038,753
Filing Date	January 2, 2002
First Named Inventor	Stanley Hazen
Art Unit	1644
Examiner Name	Saunders, David A.
Attorney Docket Number	26473/04177

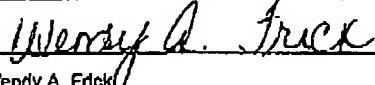
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final (14 pages) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>- Facsimile Cover Sheet (1 page)</li> <li>- Copies of Filing Receipts (7 pages)</li> <li>- Appendix (3 pages)</li> </ul>
<input type="checkbox"/> Remarks <p>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 03-0172.</p>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Krislin J. Frost		
Date	December 7, 2006	Reg. No.	50,627

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Typed or printed name	Wendy A. Frick
Date	December 7, 2006

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CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this AMENDMENT is being faxed to FAX NUMBER: 571-273-8300 on this 7th day of December 7, 2006.

Attention: Dr. Saunders, David A.

Typed or Printed name of person signing this certificate:

Wendy A. Frick

Signed: Wendy A. Frick

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	)	Examiner: Saunders, David A.
Hazen, et al.	)	
Serial No.: 10/039,753	)	Art Unit: 1644
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For: <b>MYELOPEROXIDASE, A RISK INDICATOR FOR CARDIOVASCULAR DISEASE</b>	)	Attorney Docket No.: 26473/04177

Fax Number 571-273-8300  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL

Dear Sir:

The following is responsive to the Final Office Action mailed November 22, 2006. Please amend the above-described application as follows:

**Amendments to the Specification begin on page 2 of this paper.**

**Amendments to the Claims begin on page 3 of this paper.**

**Remarks begin on page 10 of this paper.**